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APPLICANTS

Tomas Akenine-Moller, Lund, SWEDEN;
 Fredrik Tolf, Malmö, SWEDEN;
 Martin Levin, Malmö, SWEDEN;
 Erik Lefelt, Vellinge, SWEDEN;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>/KEVIN K XU/</u> Examiner's Signature		Initials	SWEDEN	7	26	5

ADDRESS

POTOMAC PATENT GROUP PLLC
 P. O. BOX 270
 FREDERICKSBURG, VA 22404
 UNITED STATES

TITLE

Low-cost supersampling rasterization

FILING FEE RECEIVED 1940	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit